# THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

## **SOAH DOCKET NO. 453-05-0212.M5**

MDR Tracking Number: M5-04-3429-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 6-8-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the Ambien, Tramadol, Skelaxin, Bextra, Trazodone, Prevacid, and Cyclobenzaprin from 6-9-03 through 8-5-03 were not medically necessary. The Trazodone for 7-8-03 was withdrawn by the requester.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 6-9-03 through 8-5-03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 18<sup>th</sup> day of <u>August 2004</u>.

Donna Auby Medical Dispute Resolution Officer Medical Review Division DA/da

## **Amended Independent Review Decision**

August 10, 2004

David Martinez TWCC Medical Dispute Resolution 7551 Metro Center Suite 100 Austin, TX 78744 Patient: TWCC #:

MDR Tracking #: M5-04-3429-01

IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Physical Medicine and Rehabilitation. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

## **CLINICAL HISTORY**

\_\_\_\_ is a 46 year old who had a work related injury on \_\_\_\_. She fell out of a broken chair injuring her left elbow, shoulder and back. She had an extensive work up which did not reveal any broken bones or ruptured discs. There is a previously known herniated disc at L5-S1. X-rays of the cervical spine revealed some narrowing at C5-C6, C6-C7. X-rays of the left shoulder were unremarkable. A number of spine x-rays revealed some narrowing and degenerative changes at L5-S1. An MRI of the shoulder was unremarkable. An MRI of the cervical spine was unremarkable. Electrodiagnostic studies were performed, which were unremarkable. There was essentially no documentation of any actual damage or harm to her body with her imaging studies.

## **DISPUTED SERVICES**

The items in dispute are the retrospective medical necessity of Ambien, Tramadol, Skelaxin, Bextra, Trazodone, Prevacid and Cyclobenzaprine from 6-09-2003 through 8-05-2003.

## **DECISION**

The reviewer agrees with the previous adverse determination regarding all services in question.

#### **RATIONALE**

This patient had a soft tissue injury, which generally responds to physical therapy and medications. The Skelaxin, Bextra and Cyclobenzaprine (Flexeril) were appropriate medications for this patient's injury for 8 weeks post injury/treatment and not chronically. The Ambien is not appropriate for long term use.

<u>Reference: "Clinical Evidence", Issue 6</u> – Systematic reviews have found that muscle relaxers vs. placebo reduce acute low back pain. Therefore, the Skelaxin and Cyclobenzaprine (Flexeril) would be appropriate for 8 weeks post injury.

<u>Reference: "Clinical Evidence", Issue 6</u> – Randomized clinical trials have found that non-steroidals are more effective than placebo for acute low back pain. Bextra would be appropriate for 6-8 weeks post injury/treatment.

<u>Reference: "Clinical Evidence", Issue 6</u> – Systematic reviews have found no consistent evidence for the use of analgesics vs. non-steroidal anti-inflammatories. Tramadol (Ultram) was not appropriate medication.

<u>Reference</u>: "Clinical Evidence", <u>Issue 6</u> – Randomized controlled trials found inconsistent evidence for the use of anti-depressants to relieve pain that was chronic. There were no randomized controller trials for the use of anti-depressants for acute pain. Therefore, the Trazodone was not appropriate.

If the patient was taking Bextra and developed GI upset, Prevacid would be appropriate, but only for the length of time that the patient was on Bextra.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,